



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: FLOYD MEMORIAL HOSPITAL & HEALTH SERVICES

City of Hospital: New Albany

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0044

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$372720000	Contractual Allowance	\$501678000
Outpatient Patient Service Revenue	\$424961000	Other Deductions	\$12473000
Total Gross Patient Service Revenue	\$797681000	Total Deductions	\$514151000

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$283530000
Other Operating Revenue	\$7892000
Total Operating Revenue	\$291422000

4. Operating Expenses

Salaries and Wages	\$100945000	Employee Benefits	\$24648000
Depreciation and Amortization	\$11607000	Interest Expense	\$5311000
Bad Debt	\$24420000	Other Expenses	\$117392000
Total Operating Expenses	\$284323000		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$7099000	Total Assets	\$288320000
Net Non-operating Gains over Loss	\$3540000	Total Liabilities	\$149954000
Total Net Gains	\$10639000		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$316082000	\$236661000	\$79421000
Medicaid	\$69693000	\$24855000	\$44838000
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$411906000	\$252635000	\$159271000
Total	\$797681000	\$514151000	\$283530000

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$43240	\$-43240

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$503394	\$33554	\$469840

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$6692	\$-6692
Hospital Patients	\$96000	\$545017	\$-449017
Community Education	\$4207	\$1217585	\$-1213378

Number of Medical Professionals Trained	395
Number of Hospital Patients Educated	38120
Number of Citizens Exposed to Health Education Messages	8869

Statement Six: Charity Statement

Hospital Charity Charges	\$12473000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$4322336	
HCI Payments	\$0		
Subtotal	\$0	\$4322336	\$-4322336
Medicaid Shortfalls	\$13330272	\$19579358	
Subtotal	\$13330272	\$23901694	\$-10571422
DSH Payments	\$1,800,000		
Subtotal	\$15130272	\$23901694	\$-8771422
Medicare Shortfalls	\$99059502	\$105702581	
Other Government Programs	\$0	\$0	
Total	\$114189774	\$129604275	\$-15414501

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$269518	\$392641	\$-123123
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0